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		Resignation of R.A., Officer/Dire	ctor	9000023	<b>3350896</b> 9701062007	
	Limited Liability	Change of Registered Agent		*****3	5.80 *****35.00	
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## Florida Department of State, Sandra B. Mortham, Secretary of State

\* \* \* FILING FEE: \$35.00 \* \* \*

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502,	507.1508, or 617.1508, Florida Statutes,
Pursuant to the provisions of sections 607.0502, 617.0502, 6 the undersigned corporation organized under the laws of the S submits the following statement in order to change its register the State of Florida.  1. The name of the corporation is: COLL-SEIN EN	red office or registered agent, or both in
the State of Florida.	73/500 31 50
1. The name of the corporation is: <u>COLL-SEIN EN</u>	TERPRISES, INC. CARA PH
2. The mailing address of the corporation is: P.O. BO.	X 270
<u> </u>	ar, FL 34677-0005
3. Date of incorporation/qualification: 4/28/97	_ Document number: P 97 0000 39673
4. The name and address of the current registered agent and of	fice:
Marta Sein Coll 1473 Riverdale Dr.	
1473 Riverdale Dr.	· · · · · · · · · · · · · · · · · · ·
Oldsmar, FL 34677	
5. The name and address of the new registered agent and office	e: (P. O. Box Not Acceptable)
Marta Sein Coll	
5042 Cross Pointe Dr.	- 
Oldsmar, FL 34677	
The street address of its registered office and the street addressent, as changed, will be identical.	ss of the business office of its registered
Such change was authorized by resolution duly adopted by it authorized by the board.	s board of directors or by an officer so
Marta Sein Loll	10/29/97
(Signature of an officer, chairman or vice chairman of the board)	(Dáte)
MARTA SEIN COCL - PRESIDENT (Printed or typed name and title)	(Data)
(Printed or typed name and title)  Having been named as registered agent and to accept service	(Date)  re of process for the above stated
corporation, I hereby accept the appointment as registered a I further agree to comply with the provisions of all statutes r performance of my duties, and I am familiar with and accept registered agent.	igent and agree to act in this capacity. elative to the proper and complete
regimered agent.	•
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)

CR2E045(3/96)